

# MHSP Waiver Requirements

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# Application Process

- MHSP application packet is received at AMDD
  - \*\*Secure file transfer:  
[hhsamddmhspwaiver@mt.gov](mailto:hhsamddmhspwaiver@mt.gov)
  - Secure Fax: 406-444-7391
  - Mail: PO Box 202905 Helena, MT 59620-2905
  - MHSP waiver checklist **must** be included
  - Current income within the last 2 months is required including benefit award letters from VA/Disability/Pension/Work Comp. etc.

# MHSP Applications Critical Issues

- Applications that are submitted incomplete or missing information will not be processed (the date of eligibility is determined by date of completed application) and will have 10 days to send the missing information. *(This includes the MHSP Waiver Checklist) The provider will receive an email with the information requested*
- *Please only submit active clients to the waiver for admission.*
- Treatment Notes or Medication Management Notes will not be accepted in lieu of a Clinical Assessment or Intake
- If an application is denied, AMDD will send an email to the provider outlining the reason(s) it was denied

# Application Process Cont.

- AMDD will forward SNAP Applications to the OPAs for processing
- All applicants must not be eligible for other premium free Medicaid programs
- SHIP Counselors are available to work with Medicare eligible applicants for Part D coverage  
Please call (800) 551 3191 for assistance
- Clinical applications are reviewed by AMDD clinician
- Denied applications: email will be sent to provider

# Application Process cont.

- A random draw will be completed monthly. Those selected will receive basic Medicaid eligibility the 1<sup>st</sup> day of the month
- Please submit completed application packets on a continual basis
  - Redeterminations will be 12 months from the date of each individual approval
  - Clients/MHC will be sent a redetermination packet the month prior to their redetermination month

# 2015 Income Guidelines

Household size	100%	150%	150% monthly
1	\$11,770	\$17,655	\$1471.25
2	\$15,930	\$23,895	\$1991.25
3	\$20,090	\$30,135	\$2511.25
4	\$24,250	\$36,375	\$3031.25
5	\$28,410	\$42,615	\$3551.25
6	\$32,570	\$48,855	\$4071.25
7	\$36,730	\$55,095	\$4591.25
8	\$40,890	\$61,335	\$5111.25
For each additional person, add	\$4,160	\$6,240	\$520

# Approval

- Upon approval all clients will be sent a notice of approval with a copy to the MHCs.
- Clients will be sent a Medicaid Card
- Clients will remain eligible for 12 months as long as they:
  - Remain in compliance with Third Party Liability
  - Remain a resident of Montana
  - Participate in compliance review if selected
- If client appears to be eligible for other Medicaid or Medicare Savings Plans they will be referred to the OPA and will need to complete a full Medicaid/MSP application.

# Provider Responsibilities

- Please report or help the client report all of the following:
  - Changes in address
  - Changes in living situation
  - Changes in income
  - Changes in household composition
- Check the web portal monthly for eligibility
  - Contact the case manager at AMDD or the county office if the client shows not eligible
  - For SNAP – client has reports due every 6 months
  - For SNAP and Medicaid Redeterminations are annual



**MHSP Waiver Checklist**  
**Addictive and Mental Disorders Division – State of Montana**  
**FAX – 406 444 7391 or 406 444 4435**  
**Secure EMAIL – [HHSAMDDMHSPwaiver@mt.gov](mailto:HHSAMDDMHSPwaiver@mt.gov)**

Name: \_\_\_\_\_ Referring Provider: \_\_\_\_\_ Participant  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Date Received: \_\_\_\_\_

**To be included in Application Packet:**

**Completed**

- |  |           |                    |
|--|-----------|--------------------|
| 1. MHSP Application – <u>Required</u>                      | _____ Yes | _____ No           |
| 2. Clinical Eligibility Form/Assessment – <u>Required</u>  | _____ Yes | _____ No           |
| 3. Does client have current MHSP Eligibility?              | _____ Yes | _____ No           |
| 4. Applied for Medicaid- (if yes date)                     | _____ Yes | _____ No Date ____ |
| 5. Does client currently receive SNAP benefits?            | _____ Yes | _____ No           |
| 6. Proof of U.S. Citizenship – Optional                    | _____ Yes | _____ No           |
| 7. Proof of Identification – Optional                      | _____ Yes | _____ No           |
| 8. Medicare Card (works for ID and Citizenship)            | _____ Yes | _____ No           |
| 9. Current Paystubs or SSDI award letter – <u>Required</u> | _____ Yes | _____ No           |
| 10. Insurance card (other insurance)                       | _____ Yes | _____ No           |
| 11. Social Security Card                                   | _____ Yes | _____ No           |

Date of Clinical Assessment (Cannot be older than 2 years): \_\_\_\_\_

Assessment must be by licensed mental health practitioner or signed by licensed supervisor.

**\*\*Eligible SDMI Diagnoses with severity specified of moderate or severe are listed below (NOS does not qualify) . Please mark the primary diagnosis indicated in the Clinical Assessment.**

# MHSP Checklist

# MHSP Checklist

- A.           Schizophrenia Disorder \_\_\_\_\_
- B.           Bi Polar Disorder \_\_\_\_\_
- C.           Major Depressive Disorder \_\_\_\_\_
- D.           Anxiety Disorder \_\_\_\_\_
- E.           Post-Traumatic Stress Disorder \_\_\_\_\_
- F.           Borderline Personality Disorder \_\_\_\_\_
- G.           Other (Explain) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

*By signing your name electronically, you agree that this form has been completed accurately to the best of your knowledge.*

# Mental Health Diagnoses that Qualify

- Schizophrenia Disorders
- Bipolar Disorders
- Major Depressive Disorders
- Anxiety Disorders
- Post-Traumatic Stress Disorder
- Borderline Personality Disorder
- Other SDMI Diagnoses

*\*Severity specified of moderate or severe (NOS does not qualify)*

# Mental Health Diagnoses that Qualify

It is a requirement that the Addictive and Mental Disorders Division be able to verify a participant's diagnosis through the Clinical Assessment submitted to qualify for the MHSP Waiver.

**As such, we are asking that a Clinical Assessment or Intake have been conducted within 24 months of the application submission.**

# Mental Health Diagnoses that Qualify

In the Clinical Assessment or Intake, to verify the diagnosis presented, AMDD is asking that a Clinical Formulation section be a part of the assessment/intake.

**A Clinical Formulation is a section where LCSW, LCPC, Psychologist, Nurse Practitioner, Physician's Assistant or Physician justify the diagnosis they are making, based on DSM and functional criteria, by listing the symptoms and clinical observations necessary to make such a diagnosis.**

# Mental Health Diagnoses that Qualify

Only a Clinical Assessment or Clinical Intake within 24 months of submission for MHSP Waiver with a Clinical Formulation section justifying the qualifying diagnosis for MHSP Waiver will be accepted for review.

Treatment Notes or Medication Management Notes **will not** be accepted to verify a clinical diagnosis. They can be included or requested to verify progress

# Schizophrenia Disorders

Schizophrenia  
Schizophreniform Disorder  
Schizoaffective Disorder  
Delusional Disorder  
Other Psychotic Spectrum Disorders

## Symptoms

### Positive

- Hallucinations
- Delusions
- Disorganized Thoughts, Behaviors , Speech
- Loose or Illogical Thoughts
- Agitation

### Negative

- Flat or Blunt Affect
- Concrete Thoughts
- Racing Thoughts and Distractibility
- Poor Judgment and Impulse Control
- Rapid or Pressured Speech

# Bipolar Disorders

- >Bipolar I  
w/w.o. psychotic Features
- >Bipolar II

## Symptoms

### *Bipolar I*

**Sustained feelings of elation lasting at least 7 days.**

**(Manic)**

- Elevated or Euphoric Mood
  - Grandiosity
  - Psychomotor Agitation
  - Decreased need for Sleep
- Racing Thoughts and Distractibility
- Poor Judgment and Impulse Control
- Rapid or Pressured Speech

### *Bipolar II*

**(Hypomanic)**

- the mood usually isn't severe enough to cause problems with the person working or socializing with others (e.g., they don't have to take time off work during the episode), or to require hospitalization
- there are never any psychotic features present in a hypomanic episode.
- A hypomanic episode is characterized by a distinct period of persistently elevated, expansive, or irritable mood, lasting at least 4 days



# Bipolar Disorders

- For AMDD to verify a diagnosis of Bipolar I Disorder, in the Clinical Formulation, the participant has to have had at least one manic phase documented in the course of their mental illness.
- For a diagnosis of Bipolar II Disorder, in the Clinical Formulation, the participant has to have had at least one hypomanic phase documented in the course of their mental illness.
- The hypomanic or manic symptoms cannot be a result of any substance induced issue.

# Major Depressive Disorders

>Major Depression (Moderate/  
Severe) w/w.o. Psychotic Features

## Symptoms

Sustained (**2 weeks**) feelings of  
depressed mood or loss of interest or  
pleasure

(**Depressed**)

**Must meet at least 5 of the following  
symptoms**

- Insomnia
- Decreased Appetite
- Psychomotor Retardation
- Anhedonia
- Fatigue or Loss of Energy
- Irritability
- Apathy, Poor Motivation, Social Withdrawal
- Feeling Hopelessness, Worthless, Guilt
- Poor Self Esteem, Feelings of Helplessness
- Suicide ideation and attempts

# Anxiety Disorders

Panic Disorder with Agoraphobia  
Panic Disorder without Agoraphobia  
Obsessive Compulsive Disorder

## Symptoms

### *Anxiety Disorder*

**Panic attacks with worry and anxiety more days than not**

- Recurrent panic attacks causing intense fear/discomfort
  - At least one attack followed by 1 month + both persistent worry about another and significant maladaptive change in behavior
    - Restrict daily activities
    - Restlessness
    - Difficulty Concentrating
    - Irritability
    - Sleep Disturbance
- Not better explained by another disorder**

# Post Traumatic Stress Disorder

## Symptoms

### *PTSD*

**Exposure to actual or threatened death**

**May include:**

- Repeated or extreme exposure to aversive details of the trauma
- Recurrent and intrusive distressing memories of the trauma
  - Dissociative reactions
- Marked physiological reactions to internal or external stimuli
  - Persistent avoidance
- Negative alterations in cognition and mood associated with the traumatic events
  - Persistent distorted cognitions
  - Marked alterations in arousal or reactivity

# Borderline Personality Disorder

## Symptoms

**Pervasive Pattern of  
instability of personal  
relationships, self-image,  
and affect with marked  
impulsivity**

- Begins in early adulthood
- Present in a variety of contexts

### **Can include:**

- Identity disturbance
- Recurrent suicidal behavior
- Marked reactivity of mood
- Self damaging impulsivity
- Chronic feelings of emptiness

# Other SDMI Diagnoses

## Symptoms

Other Chronic and Severe  
mental conditions that  
markedly interfere  
with domains  
of functioning

- Not intermittent
- Not a temporary reaction to an adjustment
- Not due to general medical conditions

# Examples of Incomplete Clinical Formulations

## Clinical Impression:

Client is a 42-year-old Caucasian female who presents as her given age with red hair and blue/gray eyes. She comported herself as though in pain. Her affect is sad; appropriate to content. Judgment intact; oriented 3X. Client speech was clear and articulate; thought process goal directed and linear. She did not report hallucinations/delusion and not were noted. Client reports life long struggles with depression and illness. She denies current SI/HI for clear reasons.

# Contacts

- Program questions
    - Julie Sonderegger
      - [jsonderegger@mt.gov](mailto:jsonderegger@mt.gov)
      - 406-444-9330
  - Clinical questions
    - Bernadette Miller
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      - 406-444-3356
  - Administrative questions
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      - 406-444-3907
  - Policy questions
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      - 406-444-2878
- Specific recipient questions
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      - 406-444- 9330
    - Last name beginning: X through Z
      - Helen Higgins
      - [hhiggins@mt.gov](mailto:hhiggins@mt.gov)
      - 406-444-3055
  - General questions
    - AMDD front desk staff
      - 406-444-3964
  - Public Assistance Hotline
    - 1-888-706-1535



# Questions?